



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7347

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/827,775 | <b>FILING OR 371(c) DATE</b><br>04/06/2001<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY DOCKET NO.</b><br>1275.6US01 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Gary Seim, Minneapolis, MN;  
 Lynn Elliott, Maple Grove, MN;  
 Milton Morris, Minneapolis, MN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2001

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>MN | SHEETS DRAWING<br>6 | TOTAL CLAIMS<br>33 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <i>Malcolm</i> Initials <i>MB</i>   |                        |                     |                    |                         |

## ADDRESS

Crawford Maunupic  
 1270 Northland Drive, Suite 390  
 St. Paul, MN 55120 ,MN 55120

## TITLE

Method and apparatus for inhibiting atrial tachyarrhythmia therapy

**FILING FEE RECEIVED**  
1074

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
 No. \_\_\_\_\_ for following:

|  |
|--|
| <input type="checkbox"/> All Fees                              |
| <input type="checkbox"/> 1.16 Fees ( Filing )                  |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| <input type="checkbox"/> 1.18 Fees ( Issue )                   |
| <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Credit                                |